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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107400001		CITY OR TOWN	SANDWICH
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2013
		CLASS		YEAR
	SAM'S FAMILY R A SEAFOOD SAM'		C.	
ADDRESS COAST	GUARD ROAD			
CITY/TOWN: SAN	NDWICH	STATE: MA	ZIP CODE:	02563
MANAGER: LEW C.	VIS, JEFFREY TYP	'E OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:	:			
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMIS			
WOODEN FRAME B AND FOUR EXITS A	UILDING WITH DINII AND ENTRANCES.	NG ROOM, BAR, KIT	CHEN AND RESTRO	OOMS. NO CELLAR,
I hereby certify and	swear under penalties	of perjury that:		
1. the renew	ved license will be of	the same type for the	same premises now	licensed;
2. the licens	see has complied with	all laws of the Com	monwealth relating t	o taxes; and
3. the premi	ises are now open for	business (If not expl	ain below)	
SIGNED BY:				
	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note. NOT Ind	lividual Social Security Number)
Acts of 2004, signe	d by the building ins	spector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
			<del></del>	
DATE:				<u> </u>



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#### ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN	SANDWIC	П
Seasonal	LICENSI	ED FOR 20	13
CLASS		•	YEAR
PERATING INC.			
RESTAURANT			
STATE: MA	ZIP CODE:	02563	
PE OF LICENSE: Res	taurant CA	TEGORY:	All Alcohol
WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
ISES:			
es of perjury that:			
f the same type for the	same premises now li	icensed;	
th all laws of the Comr	nonwealth relating to	taxes; and	
or business (If not explain	nin below)		
er or Authorized Corpo	rate Officer		
or or rumonized corpe			
NE NI IMRED:	EMPLOYER I	DENTIFICATI	ION NUMBER:
NE NOMBER.			
nspector and the head	l of the fire departm	ent for the	above
	LOCAL LICENSII	NG AUTHO	ORITY
	By:		
	CLASS DPERATING INC. RESTAURANT  STATE: MA  (PE OF LICENSE:Res  WEBSITE AND ENTER YOUR EN  ISES: Lest, north and east on groutside deck and patio. Ou  Les of perjury that: If the same type for the th all laws of the Common business (If not explain the common business) (If not explain the common that is not common to the common that is not common that is not common that is not common to the common that is not common to the common that is not common that is not common that is not common that is not common to the common that is not common that	Seasonal CLASS OPERATING INC. RESTAURANT  STATE: MA ZIP CODE:  YPE OF LICENSE:Restaurant CA'  WEBSITE AND ENTER YOUR EMAIL ADDRESS ISES: est, north and east on ground level. 2nd floor decutside deck and patio. Outside patio at the parkin es of perjury that: of the same type for the same premises now leth all laws of the Commonwealth relating to or business (If not explain below)  er or Authorized Corporate Officer  NE NUMBER: EMPLOYER I  (Note: NOT Indiv.)  re in possession (1) the certificate required inspector and the head of the fire department of liquor liability insurance required by Co	CLASS  OPERATING INC.  RESTAURANT  STATE: MA ZIP CODE: 02563  OPE OF LICENSE:Restaurant CATEGORY:  WEBSITE AND ENTER YOUR EMAIL ADDRESS  ISES: est, north and east on ground level. 2nd floor deck exits, 8500 utside deck and patio. Outside patio at the parking lot entrance es of perjury that: of the same type for the same premises now licensed; the all laws of the Commonwealth relating to taxes; and or business (If not explain below)  er or Authorized Corporate Officer  NE NUMBER: EMPLOYER IDENTIFICATE (Note: NOT Individual Social Secret in possession (1) the certificate required by Chapter in possession (1) the certificate required by Chapter in possession (1) the certificate required by Chapter 116 to LOCAL LICENSING AUTHORIZED.



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	::107400035		CITY OR TOWN	SANDWIC	CH
APPLICATION FOR	R RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	JOHN J. SANTORO, LLC				
DOING BUSINESS	A MERCHANTS SQ. LIQ	UORS			
ADDRESS MERCH	ANTS SQUARE CONDOS				
CITY/TOWN: SAN	DWICH ST.	ATE: MA	ZIP CODE:	02563	
MANAGER: SAN	TORO, JOHN J TYPE OF I	LICENSE: Pac	ekage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISES:				
969 SQUARE FEET W EAST SIDE OF BUILD	TTH MAIN ENTRANCE ON DING. NO CELLAR.	WEST SIDE O	F BUILDING WITH .	A BACK DOO	OR ON
I hereby certify and s	wear under penalties of perj	ury that:			
1. the renewe	ed license will be of the sam	e type for the	same premises now	licensed;	
2. the license	ee has complied with all law	s of the Com	nonwealth relating to	o taxes; and	
3. the premis	ses are now open for busines	s (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner or Aut	norized Corpo	orate Officer		
DATE:	TELEPHONE NUM	IBER:			TION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expla	in)		-		
· · · · · · · · · · · · · · · · · · ·	,				
DATE:					



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107400063		CITY OR TOW	N SANDWIG	CH
APPLICATION FOR	R RENEWAL:	Seasonal	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	CELLAR 55 WI	NE MERCHANTS	INC.		
DOING BUSINESS	A CELLAR 55 W	INE MERCHANTS	S		
ADDRESS 101A RO	OUTE 6A, UNIT #	1, NEWMAN VILL	AGE CONDOMIN	IUMS	
CITY/TOWN: SAN	IDWICH	STATE: M	A ZIP CODE:	02563	
	ZELL, T'STEN M.	YPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION OF					
LICENSED PREMISE EXIT IN THE REAR	S CONSISTS OF 60	0 SQ. FT. BOX UNI	Γ, ONE ENTRANCE II	N THE FRONT	AND ONE
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renew	ed license will be o	of the same type for	the same premises no	ow licensed;	
2. the licens	ee has complied wi	th all laws of the Co	ommonwealth relating	g to taxes; and	
3. the premi	ses are now open for	or business (If not e	xplain below)		
SIGNED BY:	Individual Danta	on on Authorized Co	omonata Offican		
	marviduai, Partii	er or Authorized Co	orporate Officer		
DATE:			EMDI OV	'ER IDENTIFICA'	TION NI IMPER
DITE.	TELEPHO	NE NUMBER:		Individual Social S	
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expla	ain)				
	•				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	07400064		CITY OR TOWN	SANDWIC	CH
APPLICATION FOR R	ENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: N	I. Z. SONS INC.				
DOING BUSINESS A	SANDWICH FOO	DD MART			
ADDRESS 298 ROUTI	E 130				
CITY/TOWN: SAND	WICH	STATE: MA	ZIP CODE:	02563	
MANAGER: ZAHID	RASHID TYP	E OF LICENSE:	Cackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF LIC CONVENIENCE STORE TWO STORY BUILDING PREMISES	WITH DELI OCCU	PYING APPROXII	MATELY 2624 SQ. FT. VT, ONE DELIVERY D	FIRST FLOO OOR AT THE	OR OF REAR OF
I hereby certify and swe	ar under penalties	of perjury that:			
2. the licensee		all laws of the Con	he same premises now mmonwealth relating t plain below)		
SIGNED BY:	ndividual, Partner	or Authorized Con	porate Officer		
DATE:	TELEPHONI	E NUMBER:			FION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107400066		CITY	OR TOWN	SANDWIC	Ή
APPLICATION FOR	R RENEWAL:	Seasonal		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS	A					
ADDRESS						
CITY/TOWN: SAN	IDWICH	STATE: M	A ZI	P CODE:	02563	
MANAGER:	Т	YPE OF LICENSE:	Package S	tore C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
		R WEBSITE AND ENTER YOU	IR EMAIL ADD	PRESS		
DESCRIPTION OF	LICENSED PREM	MISES:				
2. the license	ed license will be ee has complied w	of the same type for with all laws of the Co for business (If not e	ommonwea	alth relating t		
SIGNED BY:	Individual, Part	ner or Authorized Co	orporate Of	fficer		
DATE:	TELEPHO	ONE NUMBER:	(			TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:			LOC By:	CAL LICENS	SING AUTHO	ORITY
(If disapproved expla	nin)					
DATE:						
APPLICATION FOR RENEW	VAL MUST BE FILED B	Y LICENSEES DURING TH	E MONTH OF	F MARCH (M.G.L	Ch. 138 \$ 16A)	



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107400067		CITY OR TOWN	SANDWIC	Н
APPLICATION FOR	R RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
	LAMBERT'S OF CA A LAMBERT'S OF C				
ADDRESS 271 COT	UIT ROAD				
CITY/TOWN: SAN	IDWICH	STATE: MA	ZIP CODE:	02563	
MANAGER: LAM	BERT, ADAM TYPE	OF LICENSE:Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		
4100 SQ FT MARKET	LICENSED PREMISE WITH 3000 SQ FT OF I DEMERGENCY EXITS ENT FOR STORAGE	RETAIL SPACEC			OF
I hereby certify and s	wear under penalties o	f perjury that:			
2. the license	ed license will be of the ee has complied with a ses are now open for bu	ll laws of the Com	nonwealth relating to		
SIGNED BY:	Individual, Partner of	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	uin)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL:  CLASS  YEAR  LICENSEE NAME: THE CASUAL GOURMET, INC.  DOING BUSINESS A MAGNOLIA CAFÉ  ADDRESS 67 GROVE STREET  CITY/TOWN: SANDWICH  STATE: MA  ZIP CODE: 02563  MANAGER: CHASE, OLIVE  TYPE OF LICENSE:Restaurant  CATEGORY: Wine an Malt Restaurant  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  SEASONAL CAFÉ BEVERAGES, LUNCG AND ICE CREAM TO MUSEUM PATRONS. CAFÉ HAS PATIO SEATING ONLY AND WALK UP WINDOWS FOR PLACING AND PICKING UP ORDERS. GUESTS ONLY ENTER BUILDING TO USE MUSEUM MAINTAINED RESTROOMS. SEATING CAPACITY- 80	
LICENSEE NAME: THE CASUAL GOURMET, INC.  DOING BUSINESS A MAGNOLIA CAFÉ  ADDRESS 67 GROVE STREET  CITY/TOWN: SANDWICH STATE: MA ZIP CODE: 02563  MANAGER: CHASE, OLIVE TYPE OF LICENSE: Restaurant CATEGORY: Wine at Malt Research Malt Research Malt Research Malt Research Company of Licensed Premises:  DESCRIPTION OF LICENSED PREMISES:  SEASONAL CAFÉ BEVERAGES, LUNCG AND ICE CREAM TO MUSEUM PATRONS. CAFÉ HAS PATIO SEATING ONLY AND WALK UP WINDOWS FOR PLACING AND PICKING UP ORDERS. GUESTS ONLY	
DOING BUSINESS A MAGNOLIA CAFÉ  ADDRESS 67 GROVE STREET  CITY/TOWN: SANDWICH STATE: MA ZIP CODE: 02563  MANAGER: CHASE, OLIVE TYPE OF LICENSE:Restaurant CATEGORY: Wine at Malt Research Malt Research Malt Research Malt Research Category: Wine at Malt Research Malt Research Malt Research Category: Wine at Malt Research Malt Research Category: Wine at Malt Research Malt Research Malt Research Category: Wine at Mal	
ADDRESS 67 GROVE STREET  CITY/TOWN: SANDWICH STATE: MA ZIP CODE: 02563  MANAGER: CHASE, OLIVE TYPE OF LICENSE:Restaurant CATEGORY: Wine at Malt Research Malt Malt Research Malt Research Malt Malt Research Malt Malt Research Malt Malt Research Malt Malt Malt Malt Malt Malt Malt Malt	
CITY/TOWN: SANDWICH STATE: MA ZIP CODE: 02563  MANAGER: CHASE, OLIVE TYPE OF LICENSE:Restaurant CATEGORY: Wine at Malt Research Malt Malt Research Malt Rese	
MANAGER: CHASE, OLIVE TYPE OF LICENSE:Restaurant CATEGORY: Wine at Malt Research Email address:  Please also visit our website and enter your email address  DESCRIPTION OF LICENSED PREMISES:  SEASONAL CAFÉ BEVERAGES, LUNCG AND ICE CREAM TO MUSEUM PATRONS. CAFÉ HAS PATIO SEATING ONLY AND WALK UP WINDOWS FOR PLACING AND PICKING UP ORDERS. GUESTS ONLY	
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  SEASONAL CAFÉ BEVERAGES, LUNCG AND ICE CREAM TO MUSEUM PATRONS. CAFÉ HAS PATIO SEATING ONLY AND WALK UP WINDOWS FOR PLACING AND PICKING UP ORDERS. GUESTS ONLY	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  SEASONAL CAFÉ BEVERAGES, LUNCG AND ICE CREAM TO MUSEUM PATRONS. CAFÉ HAS PATIO SEATING ONLY AND WALK UP WINDOWS FOR PLACING AND PICKING UP ORDERS. GUESTS ONLY	
DESCRIPTION OF LICENSED PREMISES: SEASONAL CAFÉ BEVERAGES, LUNCG AND ICE CREAM TO MUSEUM PATRONS. CAFÉ HAS PATIO SEATING ONLY AND WALK UP WINDOWS FOR PLACING AND PICKING UP ORDERS. GUESTS ONLY	
SEASONAL CAFÉ BEVERAGES, LUNCG AND ICE CREAM TO MUSEUM PATRONS. CAFÉ HAS PATIO SEATING ONLY AND WALK UP WINDOWS FOR PLACING AND PICKING UP ORDERS. GUESTS ONLY	
SEATING ONLY AND WALK UP WINDOWS FOR PLACING AND PICKING UP ORDERS. GUESTS ONLY	
ENTER DOILDING TO USE MUSEUM MAINTAINED RESTROOMS, SEATING CAFACITY- 80	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
3. the premises are now open for business (If not explain below)	
SIGNED BY:	
Individual, Partner or Authorized Corporate Officer	
DATE: TELEPHONE NUMBER. EMPLOYER IDENTIFICATION NUM	
TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM  (Note: NOT Individual Social Security Num	
individual Social Security Iviii	1001)
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above	
named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010.	cts
named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY	cis
named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010.  Please Check Below:  APPROVED:  By:	cis
named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  By:	-
named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010.  Please Check Below:  APPROVED:  By:	-
named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the A of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  By:	- -